

SAN JUAN COLLEGE

Office of Admissions - 4601 College Blvd. Farmington, NM 87402 Email: <u>Admissions@sanjuancollege.edu</u> Phone: 505-566-3320

School Transfer Eligibility Form

Please complete and sign PART I of this form and give it to your International Student Advisor at your current school. Inform your current Advisor that PART II needs to be completed and sent to the above address. We will need this form to complete your transfer to San Juan College.

PART I: TO BE COMPLETED BY THE STUDENT

I authorize my International Student Advisor at my current school to provide the information below as part of my application for admission to San Juan College:

| Name: | Country of Citizenship: | |
|--|------------------------------------|--|
| U.S.Address: | City/State: | zip: |
| Permanent Home Address: | | |
| Signature: | Expected Enrollme | ent Date: |
| PART II: TO BE COMPLETED BY AN | INTERNATIONAL STUDENT | <u>'ADVISOR</u> (P/DSO) |
| Student's Current Immigration Status: F-1 | J-1 Other(Sp | ecify) |
| 1. Is this student currently enrolled at y | our institution? Yes No | |
| If No, please give date of last attend | ance: | |
| To the best of your knowledge, has t Yes No | • | us while enrolled at your institution? |
| If No, please explain: | | |
| 3. Would the student be permitted to c | continue/return to your institutio | n? Yes No |
| If No, please explain: | | _ |
| Was the student granted Practical o | r Academic Training while enroll | ed at your institution? Yes No |
| If Yes, please specify dates: From: | To |): |
| 4. SEVIS#: | RELEASE DATE: | |
| Signature of School Official: | | Title: |
| Printed Name: | Name of Institution: | Date: |
| Phone: | Fax: | |